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“Positive decision for patients and residents”

Arbitrator restricts health region’s contracting-out plans

Regina: An arbitrator ruled today the Regina Qu’Appelle Health Region cannot contract-out surgeries and diagnostic tests past 2013 because it is more cost-effective to perform the work in the public health system over the long-term and there is “sufficient evidence” to suggest the health region can find the additional capacity by that date.

Arbitrator Dan Ish made the ruling following four days of testimony about the health region’s decision to contract-out these surgeries and diagnostic tests to private, for-profit clinics. The Saskatchewan government had asked both the Saskatoon and Regina health regions to pursue “third party contracts” to increase the number of procedures and reduce wait times.

“We’re pleased the arbitrator has restricted the use of profit-making clinics in the health region,” says CUPE staff representative Suzanne Posyniak. “Instead of investing in profit-making clinics, the region will have to invest more time and money into improving the capacity of the public system – and that’s a very positive decision for patients and residents,” she says.

CUPE referred the matter to expedited arbitration in August, after the health region signed a contract with Omni Surgery Centre, a private surgical clinic in Regina, to perform up to 500 knee and dental surgeries by the end of the fiscal year. The health region also announced plans to sign a 4 ½ year contract for CT scanning and a longer-term contract for surgical procedures.

CUPE 3967 President Sinda Cathcart, whose local represents health providers in the health region, said the employer’s actions violate their collective agreement. Under article 6.02 of the agreement, the employer can only contract-out health services if it will result in significant cost-savings. Cathcart says the employer’s contract with Omni will cost more – not less.

At the expedited arbitration hearing this month, the union and its expert witnesses – Dr. Michael Rachlis and Dr. Robert Evans – showed the employer’s costing methodology was “fatally flawed” and presented ample evidence to prove the health region’s operating rooms and diagnostic equipment were not working to full capacity and could be much better utilized.

Although the arbitrator accepted the employer’s assertion it had to contract-out surgeries and diagnostic tests to meet the government’s wait time targets by 2013, the arbitrator agreed with CUPE that the work could be done more cost-effectively in the public sector. He also agreed there is “sufficient evidence” to show the health region could improve the capacity of the public system to deal with wait times.

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As Ish states in his decision: “Even if additional capital expenditures have to be made, in the long term there is little doubt that the internal costs of carrying out both surgical and CT procedures would be less than the costs associated with the provision of those services by a third party. . .”

Although CUPE believes the extra capacity already exists in Regina’s hospital system, Cathcart says the health region’s use of profit-making clinics now has an “expiry date” and that’s very good news for public health care.

CUPE hopes the arbitrator’s decision recharges plans for a public ambulatory surgery centre in Regina. Funding for the proposed centre was put on hold by the government earlier this year after it chose to pursue the private for-profit option.

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Also go to: <http://keephealthcarepublic.ca>

Arbitration decision can be accessed at:

[http://cupe.ca/updir/100929 Arbitration decision.pdf](http://cupe.ca/updir/100929_Arbitration_decision.pdf)